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Bib Data Sheet

CONFIRMATION NO. 4461

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/892,593 | <b>FILING OR 371(c) DATE</b><br>06/27/2001<br><b>RULE</b> | <b>CLASS</b><br>604 | <b>GROUP ART UNIT</b><br>3763 | <b>ATTORNEY DOCKET NO.</b><br>SHP025.1 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/433,449 11/04/1999 PAT 6,280,420 and is a CIP of 09/434,036 11/04/1999 PAT 6,254,575  
 and is a CIP of 09/619,190 07/19/2000 PAT 6,592,556  
 and claims benefit of 60/254,506 12/08/2000  
 and claims benefit of 60/275,810 03/14/2001 ABN  
 and claims benefit of 60/275,886 03/14/2001  
 and claims benefit of 60/296,968 06/08/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None Cgn.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 07/27/2001**

|  |                               |                             |                              |                                   |  |
|--|-------------------------------|-----------------------------|------------------------------|-----------------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UT | <b>SHEETS DRAWING</b><br>59 | <b>TOTAL CLAIMS</b><br>98 29 | <b>INDEPENDENT CLAIMS</b><br>11 4 |  |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                              |                                   |  |
| Verified and Acknowledged  | Examiner's Signature          | Initials                    |                              |                                   |  |

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**TITLE**

Safety shield for medical needles

☐ All Fees